

***United States Court of Appeals
for the Second Circuit***



EXHIBITS

74-1213

ORIGINAL

and part of record

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

-----X

UNITED STATES OF AMERICA, :

Appellee, :

-against- :

JUAN DANIEL GONZALEZ, JR., :

Appellant. :

-----X

Docket No. 74-1213

APPELLANT'S EXHIBITS FOLDER



JESSE BERMAN
Attorney for Appellant
351 Broadway
New York, New York 10013
[212] 431-4600

CONTENTS

The within exhibits are documents from appellant's Selective Service file and were all received in evidence at the trial. They all were prepared at the Armed Forces Examination and Entrance Station (AFEES) at the time of appellant's March 18-19, 1969 pre-induction examination.

They are numbered in their lower right-hand corners, with the same numbers by which they were designated in the trial transcript:

Document #24. Processing Sheet (AFEES) 3/18/69-3/19/69
- "Administrative Reject"
- pending criminal cases
- awaiting trial 4/29/69

Document #25. Record of Induction (DD Form 47) - 3/18/69
- two pending cases
- now in custody of court
- no waiver attached

Document #26. Medical Consultation Sheet (psychiatrist) 3/19/69

Document #27. Report of Medical Exam - 3/18/69
"see consultation sheet"

PROCESSING SHEET FEES

NAME AND ADDRESS

DATE **MAR 18 1959**

TAG NO.

144

ROOM	PURPOSE	REMARKS
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45 SEROLOGY

2 MENTAL TESTING

34 ADDENDUM

RECORDING OF COLOR OF
HAIR & OTHER INFORMATION

109 MISCELLANEOUS SF 88

(2) EYE TEST

31 (1) COLOR VISION

36 ANALYSIS

11 HEIGHT & WEIGHT

37 6-10-51

CLASSIFICATION AND PROFILING REVIEW

14

52 PSYCHIATRIC COUNSEL

14 MEDICAL H/O

14 FINAL LED PRO

SPOT CHECK

127 PUBLIC HEALTH

~~500~~ 642 (CIVIL SERVICE)

11. FILE ROOM

105 INITIAL RECEIVING FT

104 (INFO) INITIAL RECEIVING PT

RCD-EQH- (18 OCT 66)

RCG-EQA- (10 OCT 69)
 Gg. in custody. Awaiting trial 29 apr 69 for
 Gun. & Assassination & Dis Con. Verified per known
 attorney David La Belle n. y. c. 19 Mar 69.

(24)

P50 87
144

RECORD OF INDUCTION				Form Approved Budget Bureau No. 22-R002.6		DO NOT DEFACE THIS STAMP	
SECTION I - GENERAL (Local Board Will Prepare From Latest Information Available)						Selective Service System LOCAL BOARD NO. 45 44 Court Street Brooklyn, N. Y. 11201 <small>(Local Board of Origin Stamp)</small>	
1. LAST NAME - FIRST NAME - MIDDLE NAME GONZALEZ JR., JUAN DANIEL SSAN: 104-38-7594				2. SERVICE NUMBER (To be entered by Induction Station)			
3. HOME OF RECORD (Number and street or rural route - If none so state - city or post office, county and state) (To be entered by Induction Station)				3a. CURRENT ADDRESS 104-35 102 Street, Ozone Park NY			
4. SELECTIVE SERVICE NUMBER 50 45 47 771		5. DATE OF BIRTH DAY MONTH YEAR 15 Oct 47		6. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		7. DEPENDENTS a. NO. CHILDREN UNDER 18 None b. OTHER DEPENDENTS (Exclusive of wife, if married, and children indicated in item 7a) None	
8a. PRIOR MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes", Complete Items Below)							
a. ARMED FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD		c. COMPONENT <input type="checkbox"/> REGULAR <input type="checkbox"/> RES <input type="checkbox"/> NG		d. SERVICE NUMBER		e. DATE OF ENL. IND. APT AND/OR ORDER TO ACTIVE DUTY	
						f. DATE OF DISCHARGE OR RELEASE	
9a. PRESENT CIVILIAN TRADE OR OCCUPATION (Type of business) Educational Trainer						b. LENGTH OF EXPERIENCE YEARS MONTHS - -	
10. EDUCATION							
GRADE OR YEAR COMPLETED (Line through all grades or years successfully completed) (Exclude trade or business schools)		ELEMENTARY AND HIGH SCHOOL NONE <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> HS GRAD				COLLEGE <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	
11. PLACE OF BIRTH Ponce, P.R.		12a. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT A U.S. CITIZEN a. DATE OF ENTRY INTO U.S. FOR <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY RESIDENCE b. ALIEN REGISTRATION RECEIPT CARD NUMBER c. FOREIGN COUNTRY OF WHICH CITIZEN			
13. IF NATURALIZED CITIZEN, GIVE DATE, PLACE, COURT OF JURISDICTION AND NATURALIZATION NUMBER							
13a. CONVICTED OR ADJUDICATED OF CRIME OTHER THAN MINOR TRAFFIC VIOLATION (If "Yes", specify crime, date, location of court and sentence) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Criminal trespass, Disorderly Conduct/Pending/ New York Criminal Court							
13b. NOW IN CUSTODY OF LAW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", IS NECESSARY RELEASE OR WAIVER ATTACHED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
14. CONSCIENTIOUS OBJECTOR <input type="checkbox"/> CLASS I-A-D <input type="checkbox"/> CLASS I-B-D							
15. PREVIOUSLY EXAMINED AND NOT ACCEPTABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes", indicate the following) (Check one) <input type="checkbox"/> NOT ACCEPTABLE ON PREINDUCTION <input type="checkbox"/> NOT ACCEPTABLE ON INDUCTION <input type="checkbox"/> NOT ACCEPTABLE ON ENLISTMENT							
SECTION II - LOCAL BOARD MEDICAL INTERVIEW							
16. PHYSICAL DEFECTS (To be completed by Local Board)		a. LIST ALL DEFECTS AND DISEASES CLAIMED BY THE REGISTRANT AND ANY DEFECTS OR DISEASES WHICH THE REGISTRANT MAY HAVE, AND WHICH ARE KNOWN TO THE LOCAL BOARD (If no defects, indicate by "None") None					
		b. ARE ANY OF THE DEFECTS OR DISEASES LISTED IN ITEM "a" ABOVE INCLUDED IN LIST OF DEFECTS (Per 1429, 22 Reg)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
		c. REGISTRANT OR AFFIDAVIT REFERRED TO LOCAL BOARD MEDICAL ADVISOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
17. STATEMENT OF LOCAL BOARD MEDICAL ADVISOR (To be Completed if Item 16c is "Yes")							
FINDINGS: a. <input type="checkbox"/> REGISTRANT DOES NOT HAVE DISQUALIFYING DEFECT(S) CLAIMED b. <input type="checkbox"/> REGISTRANT HAS THE FOLLOWING DISQUALIFYING DEFECT OR DEFECTS (Specify the principal disqualifying defect first, list all other defects in order of significance, and attach affidavits or statements)							
18. REMARKS							
DATE Mar. 10, 1969		PLACE 44 Court St., Bklyn NY		SIGNATURE OF LOCAL BOARD MEDICAL ADVISOR (When Item 16c is "Yes") SIGNATURE OF MEMBER OR CLERK OF LOCAL BOARD (When Item 16c is "No") G. Atkins, J. Atkins			

SECTIONS III THROUGH X OF THIS FORM WILL BE FILLED OUT AT INDUCTION STATION													
SECTION III - MEDICAL DETERMINATION										SECTION IV - ORDER OF REGISTRANTS SERVICE PREFERENCE			
NOTE: Changes in physical profile or physical category on SF 88 will be entered on separate lines under original determination.													
18. DATE	PHYSICAL PROFILE SERIAL						PHYSICAL CATEGORY				19. PLACE ORDER OF PREFERENCE NUMBER IN BOX <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE </div> <div> <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NONE </div> </div>		
18 MAR. 69	P	U	L	H	E	S	A	B	C	E			
	1	1	1	1	1	1	X						
SECTION V - MENTAL DETERMINATION													
20a. TEST - FORM - SCORE AFQT 7C 62							AFQT MENTAL GROUP	I	II	III	IV	V	<input type="checkbox"/> ADMINISTRATIVELY ACCEPTED <div style="text-align: center;">SCORE</div> <input type="checkbox"/> QUALIFYING <input type="checkbox"/> NONQUALIFYING
20b. OTHER TEST(S)									X				
SECTION VI - MORAL DETERMINATION													
21. REGISTRANT HAS BEEN PERSONALLY INTERVIEWED AT TIME OF: a. <input checked="" type="checkbox"/> PRE-INDUCTION - REVEALED COURT ADJUDICATION OR CONVICTION <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO WAIVER: <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/> NOT PROCESSED b. <input type="checkbox"/> INDUCTION - REVEALED COURT ADJUDICATION OR CONVICTION <input type="checkbox"/> YES* <input type="checkbox"/> NO WAIVER: <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> GRANTED <input type="checkbox"/> NOT GRANTED <input type="checkbox"/> NOT PROCESSED <small>* Except minor traffic violations.</small> REMARKS:													
SECTION VII - DETERMINATION AT PREINDUCTION EXAMINATION													
22. THE QUALIFICATIONS OF THE ABOVE NAMED REGISTRANT HAVE BEEN CONSIDERED IN ACCORDANCE WITH THE CURRENT REGULATIONS GOVERNING THE ACCEPTANCE OF SELECTIVE SERVICE REGISTRANTS AND HE WAS THIS DATE: a. <input checked="" type="checkbox"/> FOUND ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES b. <input type="checkbox"/> FOUND NOT ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES FOR THE FOLLOWING REASONS: ADMINISTRATIVE: <input type="checkbox"/> MORAL <input type="checkbox"/> ALIEN <input type="checkbox"/> OTHER ADMINISTRATIVE (Specify): <input type="checkbox"/> TRAINABILITY LIMITED (Y-O) <input type="checkbox"/> FAILED AFQT ONLY <input type="checkbox"/> FAILED AFQT AND MEDICAL <input type="checkbox"/> FAILED MEDICAL ONLY: <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> OTHER MEDICAL													
DATE 18 MAR. 69		PLACE AFES, FT. HAMILTON, BROOKLYN, NEW YORK											
TYPED NAME, GRADE, AND ORGANIZATION OF CO OF INDUCTION STATION H. W. TOHL, 1st LT. AGC							SIGNATURE 						
SECTION VIII - DETERMINATION AT INDUCTION EXAMINATION													
23. TYPE OF EXAMINATION (Check one): <input type="checkbox"/> PHYSICAL INSPECTION <input type="checkbox"/> COMPLETE MEDICAL EXAMINATION (Due to lapse of time) <input type="checkbox"/> COMPLETE MEDICAL AND MENTAL EXAMINATION (Delinquents, parolees, volunteers, etc.) a. <input type="checkbox"/> FOUND ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES b. <input type="checkbox"/> FOUND NOT ACCEPTABLE FOR INDUCTION INTO THE ARMED FORCES FOR THE FOLLOWING REASONS: ADMINISTRATIVE: <input type="checkbox"/> MORAL <input type="checkbox"/> ALIEN <input type="checkbox"/> OTHER ADMINISTRATIVE (Specify): <input type="checkbox"/> TRAINABILITY LIMITED (Y-O) <input type="checkbox"/> FAILED AFQT ONLY <input type="checkbox"/> FAILED AFQT AND MEDICAL <input type="checkbox"/> FAILED MEDICAL ONLY: <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> OTHER MEDICAL													
DATE		PLACE											
TYPED NAME, GRADE AND ORGANIZATION OF CO OF INDUCTION STATION							SIGNATURE						
SECTION IX - DISPOSITION OF INDUCTEE BY ARMED FORCES													
24. THE QUALIFICATIONS OF THE ABOVE-NAMED INDIVIDUAL HAVE BEEN CONSIDERED IN ACCORDANCE WITH CURRENT REGULATIONS GOVERNING THE ACCEPTANCE OF SELECTIVE SERVICE REGISTRANTS AND HE WAS INDUCTED INTO: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> AIR FORCE										25. DATE OF INDUCTION			
AND ORDERED TO REPORT TO:													
a. ORGANIZATION						c. LOCATION			d. DATE				
e. INDUCTION STATION AT WHICH INDUCTED													
TYPED OR STAMPED NAME AND GRADE OF INDUCTION OFFICER						SIGNATURE OF INDUCTION OFFICER							
SECTION X - FINGERPRINTS OF RIGHT HAND (Fingerprint impressions will be made in this space in the case of every person inducted)													
1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE									

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

V-P

FROM: (Requesting ward, unit, or activity)

AFES, FT. HAMILTON

DATE OF REQUEST

18 May 69

REASON FOR REQUEST (Complaints and findings)

*Claims he is helped lead
Columbia student rebellion & was dismissed*

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

[Signature]

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

This 21y. old inductee is a member of the SDS and as an active leader in the rebellion he was expelled from Columbia U. He was arrested four times - criminal trespassing, disorderly conduct - but charges were dropped. He is a typical revolutionary, believing firmly in the Chinese and Cuban revolution and its aims. He is an angry man, but in spite of intensive examination I am unable to detect any psychopathology. I can not pass judgment on political views, as a psychiatrist. If he finds no psychopathology I have to consider him acceptable.

Because of his beliefs he will present a disciplinary problem.

W.D. V.

(Continued on reverse side)

SIGNATURE AND TITLE

Edward Venn

DATE

3-18-69

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

144

WARD NO.

Gonzalez, Juan Daniel

CONSULTATION SHEET
Standard Form 513
513-104

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REPORT OF MEDICAL EXAMINATION

50-100-01

1. LAST NAME—FIRST NAME—MIDDLE NAME GONZALEZ, JUAN DANIEL		2. GRADE AND COMPONENT OR POSITION Civilian	3. IDENTIFICATION NO. 144
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State) 104 35 102 ST NYC QUEENS NY		5. PURPOSE OF EXAMINATION PRE INDUCT	6. DATE OF EXAMINATION 18MAR69 144
7. SEX MALE	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY
11. ORGANIZATION UNIT		12. DATE OF BIRTH 16OCT47	
13. PLACE OF BIRTH PONCE PR		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Mrs Florinda Gonzalez - Mother SIME as 714	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFES FT HAMILTON, BROOKLYN NY		16. OTHER INFORMATION 50-045-47-0771 / NONE	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		ABNOR-
NOR-	(Check each item in appropriate column; enter "NE" if not evaluated)	MAL
/	18. HEAD, FACE, NECK, AND SCALP	
/	19. NOSE	
/	20. SINUSES	
/	21. MOUTH AND THROAT	
/	22. EARS—GENERAL (Int. & ext. canals; Auditory acuity under items 70 and 71)	
/	23. DRUMS (Perforation)	
/	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
/	25. OPHTHALMOSCOPIC	
/	26. PUPILS (Equality and reaction)	
/	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
/	28. LUNGS AND CHEST (Include breasts)	
/	29. HEART (Thrust, size, rhythm, sounds)	
/	30. VASCULAR SYSTEM (Varicosities, etc.)	
/	31. ABDOMEN AND VISCERA (Include hernia)	
/	32. ANUS AND RECTUM (Hemorrhoids, fistulae; Prostate, if indicated)	
/	33. ENDOCRINE SYSTEM	
/	34. G-U SYSTEM	
/	35. UPPER EXTREMITIES (Strength, range of motion)	
/	36. FEET	
/	37. LOWER EXTREMITIES (Strength, range of motion)	
/	38. SPINE, OTHER MUSCULOSKELETAL	
/	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
/	40. SKIN, LYMPHATICS	
/	41. NEUROLOGIC (Equilibrium tests under item 72)	
/	42. PSYCHIATRIC (Specify any personality deviation)	
/	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

SEE CONSULTATION SHEET

4/42 RD T

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES		
O—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments /—Nonrestorable teeth XXX—Replaced by dentures																			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			E
G																	F		
M																	T		

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X RAY (Place, date, film number and result)	
B. ALBUMIN	C. MICROSCOPIC	177 MAR 18 1969 	
C. SUGAR			
47. SEROLOGY (Specify test and result)		48. EKG	49. BLOOD TYPE AND RH FACTOR
50. OTHER TESTS			

27

MEASUREMENTS AND OTHER FINDINGS									
51. HEIGHT 70 1/2	52. WEIGHT 123	53. COLOR HAIR Brown	54. COLOR EYES Brown	55. BUILD: (Check one) SLIM <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMPERATURE				
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)					
A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.	
SYS.	DIAS.	SYS.	DIAS.	SYS.	DIAS.	SYS.	DIAS.	SYS.	DIAS.
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION					
RIGHT 20/30 CORR. TO 20/20		BY -0.75 S. CX		CORR. TO		BY			
LEFT 20/30 CORR. TO 20/20		BY -0.75 S. CX		CORR. TO		BY			
62. METEOROPHOBIA (Specify distance)									
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD		
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT	LEFT	PVP 14/14				UNCORRECTED			
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				CORRECTED			
						68. RED LENS TEST			
						69. INTRAOCULAR TENSION			
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV	/15 SV	/15	250	500	1000	2000	4000	6000	8000
LEFT WV	/15 SV	/15	250	500	1000	2000	4000	6000	8000

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

LAST Score

Form 7C Per 62-11

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

W. J. Smith, Jr.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

INDUCTEE

INDUCTEE

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

JACOB KATZ, M. D.

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

Martin L. Goldman CPT. U

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

89-105-01

1. LAST NAME—FIRST NAME—MIDDLE NAME GONZALEZ JUAN DANIEL		2. GRADE AND COMPONENT OR POSITION Civilian		3. IDENTIFICATION NO. 144	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 104 35 102 ST NYC QUEENS NY		5. PURPOSE OF EXAMINATION PRE INDUCT		6. DATE OF EXAMINATION 18MAR69 144	
7. SEX MALE	8. RACE Can	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <input type="radio"/> CIVILIAN <input type="radio"/>		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH 15 OCT 47		13. PLACE OF BIRTH PONCE PR	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Mrs. HONORABLE L. GONZALEZ - Mother Same as #4		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFFES FT HAMILTON, BROOKLYN NY		16. OTHER INFORMATION 50-045-47-0771 / NOIVE	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS (Follow by description of past history, if complaint exists) Fair -					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE	
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO
FATHER			Dec 2 - Cancer	39		
MOTHER	42		Good			
SPOUSE						
BROTHERS	20		Good		<input checked="" type="checkbox"/>	
AND					<input checked="" type="checkbox"/>	
SISTERS						
CHILDREN						
					(Check each item) HAD TUBERCULOSIS HAD SYPHILIS HAD DIABETES HAD CANCER HAD KIDNEY TROUBLE HAD HEART TROUBLE HAD STOMACH TROUBLE HAD RHEUMATISM (Arthritis) HAD ASTHMA, HAY FEVER, HIVES HAD EPILEPSY (Fits) COMMITTED SUICIDE BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)							
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO
<input checked="" type="checkbox"/>		SCARLET FEVER	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOARING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		COLOR BLINDNESS	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		DIZZINESS OR FAINING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		RUNNING FANS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		HEARING LOSS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		HISTORY OF BROKEN BONES	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		HISTORY OF HEAD INJURY					
<input checked="" type="checkbox"/>		SKIN DISEASES					

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES—CONTACT LENS	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 3				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 6 months			
25. WHAT IS YOUR USUAL OCCUPATION? Consul				26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	32. HAVE YOU EVER BEEN A PATIENT (Committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

29-Suspended from Columbia University for the 1962-1963 school year of 1962.

34- St. Luke's hospital

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE

TYPED OR PRINTED NAME OF EXAMINEE

Juan D. Gonzalez

SIGNATURE

Juan D. Gonzalez

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 38)

no comp.
discharge reasons of cause not common occurrence.
best law B.P.

VD 140

no T.B.

College Suspension

ND

TYPED OR PRINTED NAME OF PHYSICIAN

JOSEPH KATZ, M.D.

DATE

SIGNATURE

Katz

NUMBER OF ATTACHED SHEETS

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

ALLENE F. BOOP , being duly sworn, deposes and says:

That on the 1st day of July, 1974, I served the within Appellant's Brief, Appellant's Appendix and Appellant's Exhibit Folder upon David Trager, attorney for the government in this action, at 225 Cadman Plaza East, Brooklyn, New York 11201, the address designated, by depositing a true copy of same, enclosed in a postpaid properly addressed wrapper, in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York.

Alene F. Boop

Sworn to before me this
1st day of July, 1974.

Steven Bernstein

STEVEN BERNSTEIN
NOTARY PUBLIC, STATE OF NEW YORK
No. 31-420522
Qualified in New York County
Commission Expires March 30, 1976